

**BOARD OF INDUSTRIAL INSURANCE APPEALS**

PO Box 42401 • Olympia WA 98504-2401

(360) 753-6823

**CERTIFICATION FORM**

EMPLOYER: \_\_\_\_\_

CITATION & NOTICE NO: \_\_\_\_\_

DOCKET NO: \_\_\_\_\_

DO YOUR EMPLOYEES BELONG TO A UNION? \_\_\_\_\_

If so, please give name and address of the union:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Agent's Name: \_\_\_\_\_

Phone No. (     ) \_\_\_\_\_

**INTERESTED EMPLOYEES OF THIS APPEAL HAVE BEEN NOTIFIED, by:**

\_\_\_ Posting a copy of the notice of appeal at the work site. \_\_\_\_\_ Date

\_\_\_ Providing copies of the notice of appeal to employee members of the safety committee.

\_\_\_\_\_ Date

**FAILURE TO COMPLETE AND RETURN THIS FORM MAY REQUIRE THE BOARD TO SET ASIDE THE FINAL DECISION IT WILL ENTER IN YOUR APPEAL.**

I certify under penalty of perjury under the laws of the State of Washington, that the above information is true and correct to the best of my knowledge.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Washington.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name and Title (printed)

**OUR ADDRESS IS PRINTED ON THE REVERSE SIDE OF THIS FORM. AFTER PROVIDING THE INFORMATION REQUESTED, PLEASE FOLD THE DOCUMENT IN THIRDS, STAPLE, AND USE IT AS A RETURN ENVELOPE.**

FROM:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BOARD OF INDUSTRIAL INSURANCE APPEALS  
NEW APPEALS SECTION  
2430 CHANDLER COURT SW  
PO BOX 42401  
OLYMPIA WA 98504-2401